PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

09752700

1

CLAIMS AS FILED - (Column				_	(Column 2)		_	SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			91				ſ	RATE	FEE		RATE	FEE
FOR ·		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			2) minus 20=		• (X\$ 9=		OR	X\$18=	18.00
INDEPENDENT CLAIMS			円 minus 3 =		. (X40=		OR	X80=	80.00
MULTIPLE DEPENDENT CLAIM PR			RESENT					+135=			+270=	50.00
* If the difference in column 1 is less than z				n zero, ente	r "0" in c	olumn 2	' L	TOTAL		OR	TOTAL	na.4 .
IL AND CLAIMS AS AMENDED					- PART II			IOIAL	•	OR	OTHER	108.00
L	1.72-04	(Column 1)		(Colu		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	. Total	. 21	Minus	. 0	21	= /		X\$ 9=		OR	X\$18=	
	Independent	• 4	Minus	••• 4	P	=/	11	X40-		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE	DEPENDEN	T CLAIM	/	J [.+135=		OR	+270=	
							E	TOTAL		•	TOTAL	
q.	2-05	(Column 1)		(Calu	mn 2)	(Column 3)		ODIT. FEE		OR	ADDIT. FEE	
,	Black Control	CLAIMS			IEST	T COMMITS	7 г		ADDI-	1	,	ADDI-
AMENDMENT B	And Andrews	REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT	П	RATE	TIONAL		RATE	TIONAL FEE
	Total	. 9	Minus	p	21	- /	11	X\$ 9=		OR	X\$18=	
	Independent	. 4	Minus	· · · · ·	<u> </u>	-/	4 [X40=		OR	X80=	
_	IHHSI PHESE	NTATION OF MI	JLTIPLE	DEPENDEN	CLAIM	/ 🗆	J	+135=		OR	+270=	
	MALL	10					L	TOTAL		OR	TOTAL	
-	HOZIV	Ψ.						ODIT. FEE		JON	ADDIT. FEE	L
		(Column 1)			mn 2) IEST	(Column 3	4 -					
ENTC		REMAINING AFTER AMENDMENT		NUN PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	. 19	Minus	-2	T	-0] [X\$ 9=	, ,-,-	OR	60	Ø
AMENDA	Independent	• 4	Minus	••• <i>L</i>	P	- Ø]	X40=		OR		971
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┛┞		<u> </u>		-	1
	If the point in eater	ron 1 is less than t	he entre i	n cokemn 9 well	10° in ~	nhumn 3	L	+135=		OR	+270=	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3 " If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "3."								TOTAL VODIT. FEE		OR	ADDIT. FEE	
	The Highest Nur	ber Previously Pa	id For (T	otal or independ	dent) is th	e highest numb	ber fou	nd in the ap	propriate bo	x in o	olumn 1.	
FORM PTO-876 Palent and Trademore Office, U.S. DEPARTMENT OF COMMERCE												

(Rev. 8/00)

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